

FSA-372 (06-11-98) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency SUCCESSOR-IN-INTEREST OF ACTIVE PRODUCER CERTIFICATION OF INTENT OR INTENT NOT TO BE AN ACTIVE TOBACCO PRODUCER	1A. NAME AND ADDRESS OF COUNTY FSA OFFICE 1B. Telephone No. (Include area code):	
2. NAME AND ADDRESS OF PRODUCER	3. KIND OF TOBACCO	4. CROP YEAR
	5. FSN NO.	6. TRACT NO.
	7. PURCHASED/REALLOCATED POUNDS	

PART A - INTENT TO BE AN ACTIVE PRODUCER

An active tobacco producer is any person who shares in the risk of production of a tobacco crop by:

- A. Investing in the production of a crop of tobacco in an amount which is not less than 20 percent of the proceeds of the sale of the crop;
- B. Depending solely on a share of the proceeds from the marketing of the tobacco for the return on the investment;
- C. Waits until such crop of tobacco is marketed to receive any return on the investment or to receive any payment of the rental for the allotment and quota, as applicable; and
- D. Maintaining records for a period of 3 years after the end of the marketing year in which the tobacco is sold, which may be used to verify that the above provisions have been met.

I certify that I intend to be an active tobacco producer by sharing in the risk of production of tobacco produced under the purchased or reallocated quota for the crop year and in the manner above. I understand that if I fail to remain an active tobacco producer with respect to the purchased or reallocated allotment and quota for 3 crop years beginning with the first crop year that the purchase or reallocation is effective, such quota shall be subject to forfeiture as follows:

- A. **Purchased quota**, will be forfeited if not sold by December 31 of the year after the year I fail to share in the risk of production of the crop.
- B. **Reallocated quota**, will be forfeited by December 1 of the year in which I fail to share in the risk of production of the crop.

8. PRODUCER SIGNATURE	DATE (MM-DD-YYYY)
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PART B - INTENT NOT TO BE AN ACTIVE PRODUCER

As successor-in-interest to an active producer of purchased or reallocated quota, I do not intend to produce tobacco or share in the risk of producing tobacco on this farm. I request the County FSA Committee to consider this quota as not shared in the risk of production and agree to quota being in a forfeiture status. I understand that this quota will be subject to forfeiture if not sold by:

- A. December 1 - for reallocated quota.
- B. December 31 - for purchased quota.

9. SIGNATURE OF NEW OWNERS	DATE (MM-DD-YYYY)

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 316, 316A and 316B of the Agricultural Adjustment Act of 1938, as amended (7 U.S.C. 1314b-1314b-2). The information will be used to determine compliance with program provisions. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in the forfeiture of the applicable poundage quota. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**